



PO Box 33400
Seattle WA 98133-0400
www.qualishealth.org



CONFIDENTIAL AND ADVISORY

ALASKA TEAMSTER-EMPLOYEE WELFARE TRUST
NON-CERTIFICATION NOTICE

April 12, 2010

JUSTIN OLSEN
1075 CLOVERLEAF DR
NORTH POLE, AK 99705

Case Number: 26502191
Subscriber Name: Justin Olsen

Date of Birth: 06/17/1982
Insurance ID: 959103757

Physician: Larry Wolford, M.D.
Admit Date: 6/2/2010

Facility: Baylor University Medical Center
Discharge Date:

Diagnosis: 714.30 POLYARTICULAR JUVENILE RHEUMATOID ARTHRITIS, CHRONIC OR UNSPECIFIED

Status	From	To	Procedure
Deny	6/2/2010	6/5/2010	21243 ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT
Deny	6/2/2010	6/2/2010	21243 ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT

In order to promote high quality health care, Qualis Health has been authorized by your health care plan to pre-certify inpatient admissions, surgical procedures and select outpatient services. Qualis Health's function is to determine medical necessity.

It is your responsibility to review your benefit plan booklet to determine if the recommended treatment/procedure(s) is covered under your plan and to verify your eligibility. In the event you receive treatment and/or services outside the Plan's Preferred Provider network, by using a *non-Preferred Provider*, you will pay significantly more out-of-pocket. Questions regarding the benefit provisions of your plan should be directed to your health plan's Customer Service at 800-478-4450.

Qualis Health has reviewed your requested health care service(s). Based on review of the clinical information submitted, our physician reviewer has advised that the documentation does not support the medical necessity to approve this procedure at this time. The following information was missing in our review: The X-ray documentation of arthritis is not provided and documentation of failure of conservative therapy is not provided. The attending physician was given the opportunity to discuss this with Qualis Health's medical peer consultant. Therefore, you are being notified of this non-certification. Additional clinical rationale used in making the decision will be provided, in writing, upon request.

This notification does not prohibit you from being admitted to or remaining in the facility, but it does mean that Qualis Health will inform your healthcare claims payer that we cannot certify the requested health care services.

The final decision for continued medical treatment is between you and your physician. Without Qualis Health approval, benefits may be reduced or charges disallowed.

If you disagree with our determination, you may request either a Qualis Health **urgent** or **standard appeal**. Urgent care is defined as any claim for medical care/treatment with respect to which application of the time periods for making a non-urgent care determination could seriously jeopardize the life or health of the claimant or the ability of the client to regain maximum function or, in the opinion of a physician with knowledge of claimant's medical condition, would subject the claimant to severe pain that cannot be adequately managed without the care/treatment that is the subject of the claim.

An **urgent appeal** must be requested by telephone, fax or in writing **within 72 hours (3 days)** of notification. Your request can be made by calling **1-800-783-8606**, by faxing **206-368-2765** or by writing to the Qualis Health address listed below. Qualis Health will complete the appeal within 72 hours from receipt of your request. You will be notified of the results both by telephone and in writing.

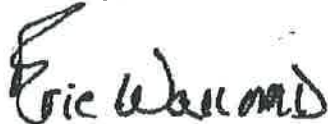
A **standard appeal** request must be submitted **within 180 days** from the date of this letter. You will receive written notification of the results of the standard appeal decision within 15 days of receipt of your request. The request may be made by calling **1-800-783-8606** or by writing to:

Qualis Health
Attn: Care Management Department/Appeal Coordinator
PO Box 33400
Seattle, Washington 98133-0400

You may submit additional information along with your appeal request to Qualis Health. Your appeal will be handled in accordance with the time frames and procedures required by governing law.

If you have any questions regarding this notification, please contact Qualis Health at **1-800-783-8606**.

Sincerely,



Eric M. Wall, MD, MPH
Senior Medical Director

cc: Attending Provider
 Claims Payer
 Facility UM Department
 Facility Billing Department
 Qualis Health File